PTO/SB/21 (07-06) Approved for use through 09/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required

TRANSMITT	AL
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

to respond to a collection of infor	mation unless it displays a valid OMB control n
Application Number	10/613,228-Conf. #4680
Filing Date	July 3, 2003
First Named Inventor	Arthur M. Krieg
Art Unit	1645
Examiner Name	N. M. Minnifield
Attorney Docket Number	C1037.70045US00

	EN	ICLOSURES (Check all	that appl	y)
X Fee Transmittal	l Form	Drawing(s)		After Allowance Communication to TC
X Fee Attac	hed	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
x Amendment/Re	ply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After Fina	ıl	Petition to Convert to a Provisional Application		Proprietary Information
Affidavits/	declaration(s)	Power of Attorney, Revocati Change of Correspondence		Status Letter
X Extension of Tir	me Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):
Express Aband	onment Request	Request for Refund		X References; Return Receipt Postcard
Information Disc	closure Statement	CD, Number of CD(s)		
Certified Copy of Document(s)	of Priority	Landscape Table on	CD ·	
Reply to Missing Incomplete App		Remarks		
	Missing Parts under .52 or 1.53			
JJ OFK I	.52 01 1.55			
	SIGNATI	JRE OF APPLICANT, ATTO	RNEY, OR	AGENT
Firm Name WO	OLF, GREENFIEL	.D & SACKS, P.C.		,
Signature	Mnuisa	W		
Printed name Ma	ria A. Trevisan			
Date Oc	tober 24, 2006		Reg. No.	48,207

x10.24.06

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 24, 2006

FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 At METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES	pplication Nur ling Date rst Named Inv kaminer Name t Unit torney Docket Other (Name: reby authorize	No. (please iden Wolf, ed to: (che le fee(s) initial	nplete if Know 10/613,228-C July 3, 2003 Arthur M. Kr N. M. Minnifi 1645 C1037.70045 ctify): Greenfield & S ck all that apply dicated below, or ayments NATION FEES Small Entity	ieg eld SUS00 Sacks, P.C. except for the	e filing fee
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 At Check Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES Pe Description Charge including Reissues) Condependent claim over 3 (including Reissues) Condependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee Paic Extra Claims Fee (\$) Fee (\$) Fee Paic	Ing Date rst Named Invaminer Name t Unit tomey Docket Other Charg x Credit CH FEES Small Entity Fee (\$) 250 50 150 250	No. (please iden Wolf, ed to: (che le fee(s) ini any overp EXAMII Fee (\$) 130 160 600	July 3, 2003 Arthur M. Kr N. M. Minnifi 1645 C1037.70045 tify): Greenfield & S ck all that apply dicated below, of the second o	ieg eld SUS00 Sacks, P.C. except for the	aid (\$)
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 At Check Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES Pe Description Charge including Reissues) Condependent claim over 3 (including Reissues) Condependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee Paic Extra Claims Fee (\$) Fee (\$) Fee Paic	Ing Date rst Named Invaminer Name t Unit tomey Docket Other Charg x Credit CH FEES Small Entity Fee (\$) 250 50 150 250	ventor No. (please iden Wolf, ed to: (che le fee(s) in any overp EXAMII Fee (\$) 200 130 160 600	July 3, 2003 Arthur M. Kri N. M. Minnifi 1645 C1037.70045 Attify): Greenfield & S ck all that apply dicated below, of ayments NATION FEES Small Entity Fee (\$) 100 65 80 300	ieg eld SUS00 Sacks, P.C. Sexcept for the	aid (\$)
Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 Atalog Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity Design 200 100 100 Plant 200 100 100 Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES Provisional EXCESS CLAIM FEES Total Claims Extra Claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee Paic	rst Named Invariant Name t Unit torney Docket Other of the Company of the Compan	No. (please iden Wolf, ed to: (che le fee(s) ini any overp EXAMII Fee (\$) 200 130 160 600	Arthur M. Kr N. M. Minnifi 1645 C1037.70045 Artify): Greenfield & S ck all that apply dicated below, or ayments NATION FEES Small Entity Fee (\$) 100 65 80 300	Sacks, P.C. Sexcept for the	aid (\$)
Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 Atalog Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity Design 200 100 100 Plant 200 100 100 Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES Provisional EXCESS CLAIM FEES Total Claims Extra Claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee Paic	caminer Name t Unit tomey Docket Other of the control of the cont	No. (please iden Wolf, ed to: (che le fee(s) ini any overp EXAMII Fee (\$) 200 130 160 600	N. M. Minnifi 1645 C1037.70045 httify): Greenfield & S ck all that apply dicated below, or sayments NATION FEES Small Entity Fee (\$) 100 65 80 300	Sacks, P.C. Sexcept for the	aid (\$)
Applicant claims small entity status. See 37 CFR 1.27 OTAL AMOUNT OF PAYMENT (\$) 1,020.00 At 1,020.00 At 1,020.00 At 1,020.00 At 2,000 At 2,000 At 2,000 At 2,000 At 2,000 At 2,000 At 3,000 At 3	CH FEES Small Entity Fee (\$) 250 250	No. (please iden Wolf, ed to: (che te fee(s) inc any overp EXAMII Fee (\$) 200 130 160 600	tify): Greenfield & Scall that apply dicated below, coayments NATION FEES Small Entity Fee (\$) 100 65 80 300	Sacks, P.C. except for the	aid (\$)
TETHOD OF PAYMENT (\$) 1,020.00 At Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional EXCESS CLAIM FEES Provisional EXCESS CLAIM FEES Provisional Extra Claims Extra Claims Fee (\$) Fee (\$) Fee Paid	Other of Oth	No. (please iden Wolf, ed to: (che le fee(s) in any overp EXAMIN Fee (\$) 200 130 160 600	ctify): Greenfield & S ck all that apply dicated below, or examents NATION FEES Small Entity Fee (\$) 100 65 80 300	Sacks, P.C. except for the	aid (\$)
TETHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity 300 150 500 Design 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES Description Ach claim over 20 (including Reissues) Ach independent claims Total Claims Extra Claims Fee (\$) Fee Paic 1 -4 = X = Fee Paic	Other of Name: reby authorized Charge X Credit CH FEES Small Entity Fee (\$) 250 150 250	(please iden Wolf, ed to: (che le fee(s) inc any overp EXAMIN Fee (\$) 130 160 600	ck all that apply dicated below, or asyments NATION FEES Small Entity Fee (\$) 100 65 80 300	Sacks, P.C. except for the	aid (\$)
Check Credit Card Money Order Deposit Account Deposit Account Deposit Account Number: 23/2825 Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 Posign 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES FILING FEES FEE Description The Claim over 20 (including Reissues) Total Claims Extra Claims Fee (\$) Fee Paic 1 -4 = X = Fee Paic	reby authorized Charge X Credit CH FEES Small Entity Fee (\$) 250 50 150 250	Wolf, ed to: (che le fee(s) incany overpose EXAMII Fee (\$) 200 130 160 600	ck all that apply dicated below, or ayments NATION FEES Small Entity Fee (\$) 100 65 80 300	S Fees Pa	aid (\$)
Deposit Account For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES Provisional EXCESS CLAIM FEES Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paic Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paic The highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paic	reby authorized Charge X Credit CH FEES Small Entity Fee (\$) 250 50 150 250	Wolf, ed to: (che le fee(s) incany overpose EXAMII Fee (\$) 200 130 160 600	ck all that apply dicated below, or ayments NATION FEES Small Entity Fee (\$) 100 65 80 300	S Fees Pa	aid (\$)
For the above-identified deposit account, the Director is he Charge fee(s) indicated below X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES Provisional 200 100 0 EXCESS CLAIM FEES Provisional Calimation over 20 (including Reissues) and independent claims Total Claims Extra Claims Fee (\$) Fee Paid The highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid	CH FEES Small Entity Fee (\$) 250 150 250	EXAMIN Fee (\$) 130 160 600	ck all that apply dicated below, or ayments NATION FEES Small Entity Fee (\$) 100 65 80 300	S Fees Pa	aid (\$)
Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional EXCESS CLAIM FEES The Description The Claim over 20 (including Reissues) The Indicated below Total Claims Extra Claims Fee (\$) Fee Paic The Highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paic	CH FEES Small Entity Fee (\$) 250 50 150 250	EXAMII Fee (\$) 130 160 600	NATION FEES Small Entity Fee (\$) 100 65 80 300	S Fees P:	aid (\$)
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity Ee (\$) Fee (\$) Fee (\$) Fee (\$) Design 200 100 100 Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 300 EXCESS CLAIM FEES E Description Exchange Claim over 3 (including Reissues) Eight independent claim over 3 (including Reissues) Eight independent claims Fotal Claims Fee (\$) Fee Paic 1 -4 = X Fee Paic	X Credit CH FEES Small Entity Fee (\$) 250 50 150 250	EXAMII Fee (\$) 200 130 160 600	NATION FEES Small Entity Fee (\$) 100 65 80 300	S Fees Pr	aid (\$)
Fee (s) under 37 CFR 1.16 and 1.17 EE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Pelication Type Fee (\$) Fee (\$) Fee (\$) Design Fee (\$) Fee (\$) Plant Fee (\$) Provisional Fee (\$) Provisional Fee (\$) Provisional Fee (\$) EXCESS CLAIM FEES For Description Find Inches Claim over 3 (including Reissues) For Inches Claim Fee (\$) Fee Paic	CH FEES Small Entity Fee (\$) 250 50 150 250	EXAMII Fee (\$) 200 130 160 600	NATION FEES <u>Small Entity</u> <u>Fee (\$)</u> 100 65 80 300	Fees Pi	
SEARCH	Small Entity Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300	Fees Pi	
FILING FEES SEARCE	Small Entity Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300	Fees Pi	
Small Entity Fee (\$) Fee (\$) Fee (\$)	Small Entity Fee (\$) 250 50 150 250	Fee (\$) 200 130 160 600	Small Entity Fee (\$) 100 65 80 300	Fees Pi	
Fee (\$) Fee (\$) Fee (\$) Fee (\$)	Fee (\$) 250 50 150 250	200 130 160 600	Fee (\$) 100 65 80 300	Fees Pi	
Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES e Description uch claim over 20 (including Reissues) uch independent claim over 3 (including Reissues) ultiple dependent claims Fotal Claims Extra Claims Fee (\$) Fee Paic 59 -61= x = iP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paic 1 -4 = x = Fee Paic	50 150 250	130 160 600	65 80 300	_	Small Entity
Plant 200 100 300 Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES <u>e Description</u> Inch claim over 20 (including Reissues) Inch independent claim over 3 (including Reissues) Including Reissues) Inch independent claims Fee (\$) Fee Paic P = highest number of total claims paid for, if greater than 20. P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic P = highest number of total claims Fee (\$) Fee Paic	150 250	160 600	80 300	_	Small Entity
Reissue 300 150 500 Provisional 200 100 0 EXCESS CLAIM FEES <u>e Description</u> ch claim over 20 (including Reissues) ch independent claim over 3 (including Reissues) ultiple dependent claims <u>Fotal Claims</u> <u>Fee (\$)</u> P = highest number of total claims paid for, if greater than 20. <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> Fee Paic <u>Fee Paic</u> The provisional Section of the provision of the	250	600	300	_	Small Entity
Provisional 200 100 0 EXCESS CLAIM FEES Description Ch claim over 20 (including Reissucs) Ch independent claim over 3 (including Reissucs) Cotal Claims Extra Claims Fee (\$) P = highest number of total claims paid for, if greater than 20. Idep. Claims Extra Claims Fee (\$) Fee Paid Fee Paid Fee Paid Fee Paid Fee Paid Fee Paid				_	Small Entity
EXCESS CLAIM FEES be Description ch claim over 20 (including Reissucs) ch independent claim over 3 (including Reissues) altiple dependent claims total Claims Extra Claims Fee (\$) P = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid Fee Paid Fee Paid Fee Paid	0	0	0	_	Small Entity
e Description ch claim over 20 (including Reissues) ch independent claim over 3 (including Reissues) ultiple dependent claims Otal Claims				_	Small Entity
ch claim over 20 (including Reissucs) ch independent claim over 3 (including Reissues) altiple dependent claims Sotal Claims Extra Claims Fee (\$) P = highest number of total claims paid for, if greater than 20. Idep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid Fee Paid Fee Paid Fee Paid				Lee (a)	Fee (\$)
ch independent claim over 3 (including Reissues) ultiple dependent claims otal Claims				50	25
ultiple dependent claims Total Claims				200	100
Sotal Claims Extra Claims Fee (\$) Fee Paid 59 -61= x = P = highest number of total claims paid for, if greater than 20. adep. Claims Extra Claims Fee (\$) Fee Paid 1 -4 = x =			•	360	180
59 - 61= x =	1 (\$)	M	Iultiple Depend		100
ndep. Claims Extra Claims Fee (\$) Fee Paid 1 -4 = x =		***	ee (\$)	Fee Paid (\$)	!
1	1 (\$)			- 4/4.	
r - Highest Hamber of Independent claims paid for, if greater than e.	~				
APPLICATION SIZE FEE					-
f the specification and drawings exceed 100 sheets of paper (ex- listings under 37 CFR 1.52(e)), the application size fee due is	cluding electi	ronically fi	iled sequence o	or computer	*
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37	CFR 1.16(s).	10. 0	,, 12. 0		
Total Sheets Extra Sheets Number of each addit	tional 50 or fra	ction there		Fee P	Paid (\$)
- 100 = /50 (ro	und up to a wh	ole number)	X	Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discound Other (e.g., late filing surcharge): 1253 Extension for response		hird mont	'n	1.02	20.00
	gistration No.	48,207	Telephone	(617) 646	S-8000
ame (Print/Type) Maria A. Trevisan			Date	October 2	4, 2006
0.24.06					
Certificate of Mailing I	Inder 37 CEP	1.8/2)			
Hereby certify that this paper (along with any paper referred to as being a the date shown below with sufficient postage as First Class Mail, in an env	ittached or encl	osed) is being	ng deposited with	the U.S. Postal	Service on

1098215_1.DOC